## APPLICATION DATA SHEET

## Electronic Version v14

Stylesheet Version v14.0

Title of Invention

METHOD OF FORMING A HIGHLY THERMALLY CONDUCTIVE AND

HIGH STRENGTH ARTICLE

Application Type: regular, utility

3017 Attorney Docket Number :

Correspondence address:

Customer Number: 3017

Continuing Data:

This is a Continuation of US application number 09/903,347, filed 2001-07-11, now Pending.

N. Kingstown

Inventors Information:

Inventor 1:

Applicant Authority Type: Inventor

Citizenship: US Mr. Name prefix:

Given Name: Kevin Middle Name: A.

Family Name: McCullough

Residence:

City of Residence: N. Kingstown

State of Residence: RI

Country of Residence: US

Address-1 of Mailing Address: 61 Candlewood Drive

City of Mailing Address:

Address-2 of Mailing Address:

State of Mailing Address: RI

Postal Code of Mailing Address: 02852 LIS Country of Mailing Address:

Phone: Fax:

E-mail:

Inventor 2:	
Applicant Authority Type:	Inventor
Citizenship:	US
Name prefix:	Mr.
Given Name:	James
Middle Name:	D.
Family Name:	Miller
Residence:	
City of Residence:	Marietta
State of Residence:	GA
Country of Residence:	US
Address-1 of Mailing Address:	3251 Running Cedar Drive
Address-2 of Mailing Address:	•
City of Mailing Address:	Marietta
State of Mailing Address:	GA
Postal Code of Mailing Address:	30062
Country of Mailing Address:	US
Phone:	
Fax:	
E-mail:	
Inventor 3:	
Inventor 3: Applicant Authority Type:	Inventor
	Inventor US
Applicant Authority Type:	
Applicant Authority Type: Citizenship:	US
Applicant Authority Type: Citizenship: Name prefix:	US Mr.
Applicant Authority Type: Citizenship: Name prefix: Given Name:	US Mr. Mikhail
Applicant Authority Type: Citizenship: Name prefix: Given Name: Family Name:	US Mr. Mikhail
Applicant Authority Type: Citizenship: Name prefix: Given Name: Family Name: Residence:	US Mr. Mikhail Sagal
Applicant Authority Type: Citizenship: Name prefix: Given Name: Family Name: Residence: City of Residence:	US Mr. Mikhail Sagal Warwick
Applicant Authority Type: Citizenship: Name prefix: Given Name: Family Name: Residence: City of Residence: State of Residence:	US Mr. Mikhail Sagal Warwick RI
Applicant Authority Type: Citizenship: Name prefix: Given Name: Family Name: Residence: City of Residence: State of Residence: Country of Residence:	US Mr. Mikhail Sagal Warwick RI US
Applicant Authority Type: Citizenship: Name prefix: Given Name: Family Name: Residence: City of Residence: State of Residence: Country of Residence: Address-1 of Mailing Address:	US Mr. Mikhail Sagal Warwick RI US
Applicant Authority Type: Citizenship: Name prefix: Given Name: Family Name: Residence: City of Residence: State of Residence: Country of Residence: Address-1 of Mailing Address: Address-2 of Mailing Address:	US Mr. Mikhail Sagal  Warwick RI US 124 Blade Street
Applicant Authority Type: Citizenship: Name prefix: Given Name: Family Name: Residence: City of Residence: State of Residence: Country of Residence: Address-1 of Mailing Address: Address-2 of Mailing Address: City of Mailing Address:	US Mr. Mikhail Sagal  Warwick RI US 124 Blade Street  Warwick
Applicant Authority Type: Citizenship: Name prefix: Given Name: Family Name: Residence: City of Residence: State of Residence: Country of Residence: Address-1 of Mailing Address: Address-2 of Mailing Address: State of Mailing Address:	US Mr. Mikhail Sagal  Warwick RI US 124 Blade Street  Warwick RI
Applicant Authority Type: Citizenship: Name prefix: Given Name: Family Name: Residence: City of Residence: City of Residence: Country of Residence: Address-1 of Mailing Address: Address-2 of Mailing Address: State of Mailing Address: State of Mailing Address: Postal Code of Mailing Address:	US Mr. Mikhail Sagal  Warwick RI US 124 Blade Street  Warwick RI 02886
Applicant Authority Type: Citizenship: Name prefix: Given Name: Family Name: Residence: City of Residence: State of Residence: Country of Residence: Address-1 of Mailing Address: City of Mailing Address: State of Mailing Address: Country of Mailing Address: Country of Mailing Address:	US Mr. Mikhail Sagal  Warwick RI US 124 Blade Street  Warwick RI 02886

Assignee 1:

Organization Name: Cool Options, Inc.

Address-1 of Mailing Address: 333 Strawberry Field Road

Address-2 of Mailing Address:

 City of Mailing Address:
 Warwick

 State of Mailing Address:
 RI

 Postal Code of Mailing Address:
 02886

 Country of Mailing Address:
 US

Phone: Fax:

E-mail: